



Louisiana Board of Pharmacy

3388 Brentwood Drive
Baton Rouge, LA 70809-1700

Telephone (225) 925-6496
Facsimile (225) 925-6499
www.pharmacy.la.gov
info@pharmacy.la.gov

Application for Louisiana Pharmacy Technician Certificate

NOTE: If you have not yet obtained a Pharmacy Technician Candidate Registration (formerly known as a work permit) to earn the hours required for certification, this is the incorrect application form. To obtain the correct form, access the Board's website at www.pharmacy.la.gov, at the *Forms & Applications* link, then select **Form No. 30 ~ Application for Pharmacy Technician Candidate Registration**.

Qualifications for Pharmacy Technician Certificate:

- 1) Properly completed *Application for Louisiana Pharmacy Technician Certificate*.
- 2) The application fee is **\$100**; we will accept a check or money order, payable to Louisiana Board of Pharmacy.
- 3) Proof of successful completion of the technician certification examination administered by the Pharmacy Technician Certification Board (PTCB).
 - We require a legible copy of the wall certificate issued by PTCB; a copy of the wallet identification card or notice of examination results is not sufficient for this purpose.
- 4) Proof of at least 600 hours of practical experience earned within a Louisiana-licensed pharmacy, properly documented on a Pharmacist's Affidavit.
 - Form No. 31 ~ Pharmacist's Affidavit for Certifying Hours of Practical Experience for Pharmacy Technician Candidates is available on the Board's website, at www.pharmacy.la.gov, under the Forms & Applications link. Please read the instructions carefully before beginning to complete the affidavit form.
 - In the event you earned hours at multiple pharmacies, a separate affidavit is required for each separate location.
 - Hours of experience earned in pharmacies located in other states are not sufficient for this purpose.
 - If your technician candidate registration was issued based on your enrollment in a Board-approved training program, then at least 200 hours of your 600 hours must have been earned during that training program – **after** the date your registration was issued and **before** the date of your completion certificate. Please review these dates and hours carefully; it is the source of most of the problems experienced by applicants.
- 5) Proof of successful completion of a Board-approved training program.
 - Your Certificate of Completion document must match the reference copy provided by the program administrator when the program was approved by the Board. If it does not match, our licensing staff will return it to you with guidance to contact the program administrator for assistance.
 - In the event you obtained your PTCB certificate **before** your registration, this item is not required.

Application Process:

- We strongly encourage you to review your application package before sending it to the Board office, making sure the form is complete and all required attachments are included in the package.
- We recommend you retain at least one copy of the package before placing original documents in the mail.
- If it is important to you to know whether or not the Board has received your application package – or when it was received, we recommend the mail tracing service (US Postal Service, FedEx, UPS, etc.) of your choice. Due the volume of applications we receive, we are unable to respond to requests to verify receipt.
- As part of the process, we are required to submit your name and identification information to the (1) Louisiana Office of Student Financial Assistance [LOSFA] to verify you are not in default of any student loans, and (2) the La. Dept. of Social Services [DSS] to verify you are not in default of any court-ordered support payments. We are required to wait for their responses before we can issue (or renew) your certificate. In the event we receive instructions to hold your application, we will contact you with that information and instructions to contact the appropriate agency.
- All technician certificates expire on June 30 of every year, regardless of the date of issue. In the event you are contemplating the submission of your application during the months of May or June, you have the option of requesting the delayed issuance of your certificate on the first business day of July. If not, you will be responsible for the immediate renewal of your certificate prior to June 30. Remember, you may not practice until you receive your certificate.

Maintaining your Louisiana Pharmacy Technician Certificate:

- The price of the privilege: it is your personal responsibility to learn laws and rules governing pharmacy technicians and their professional practice. All of the Board's laws and rules can be found in the Louisiana Pharmacy Law Book as well as the Board's website, at www.pharmacy.la.gov.
- Your failure to abide by these laws and rules, or your failure to practice in a professional manner, could result in disciplinary action by the Board. There are a range of potential sanctions available to the Board: they may issue a Letter of Warning or a Letter of Reprimand, they may place your certificate on probation or suspension, or they may revoke your certificate. In addition, they may levy a fine (any amount up to \$5,000 per count per day) and they may recover their costs of investigation and prosecution.
- Renewal of Technician Certificates:
 - Every technician certificate expires on June 30 of every year; you may not practice with an expired certificate.
 - The renewal cycle is open from May 1 through June 30. You may renew your certificate online and pay with a credit card, or you may retrieve a renewal application form at the Board's website and pay with a check or money order.
 - To avoid penalties or additional requirements, you must renew your certificate on or before June 30. The renewal fee is \$50; however, if you are late, the fee is \$275.
 - It is not required that you be in active practice or living within the state in order to renew your certificate. In the event you choose to let your certificate expire because you are not working in a pharmacy, please be aware the later reinstatement of your certificate will require the payment of all fees and penalties for every year in which your certificate was expired.
- Continuing Pharmacy Education (CPE):
 - One of the certificate renewal requirements is the acquisition of continuing pharmacy education (CPE). In order to renew, you must demonstrate the acquisition of at least 10 hours of ACPE-accredited technician-specific CPE in the prior 12-month period.
 - For your first renewal ONLY, you are exempt from the requirement to demonstrate your compliance to the Board; for every renewal thereafter, you must demonstrate compliance with the CPE requirements.
 - A common source of confusion is the CPE requirement related to the PTCB certificate. The requirements from PTCB are similar to those of the Louisiana Board of Pharmacy, but they are different. In order to renew your Louisiana certificate, you must comply with the CPE requirements from the Louisiana Board of Pharmacy.
 - In order to register for CPE from an ACPE-accredited CPE provider, you will need to apply for an NABP e-Profile number. There is no cost to obtain the number, and once issued, it is your number for your entire professional career. To get that number, visit the NABP website at www.nabp.net.



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Instructions & Notes:

- 1) We encourage you to enter the information online before printing the application form. In the event you print the form before beginning, please print or type all information legibly with blue or black ink. Forms completed in pencil or any other ink color may be returned to the applicant.
- 2) The application fee is **\$100**; we will accept a check or money order, payable to the Louisiana Board of Pharmacy.
- 3) Please take note of the required attachments, identified in Sections 1, 4, and 5 of the application form. Further, please remember to attach your Pharmacist's Affidavit form(s). Applications missing required attachments may be returned to the applicant unprocessed.
- 4) Mail all items to the Board of Pharmacy at the address noted above.
- 5) The application form shall expire one year after the date of its receipt in the Board office. In the event the certificate is not issued by then, the application form shall be voided and the fee shall be forfeited.
- 6) All pharmacy technician certificates expire on June 30 of every year, regardless of the date issued.

Section 1 – Identification Information

CURRENT LEGAL NAME (* See below *)			
Full First Name:	Full Middle Name:	Full Last Name:	Suffix (Jr, Sr, III, IV, etc.):
List ALL Other Names Under which You Have Ever Been Known By (Maiden, Married etc.)			
Social Security Number:		Date of Birth (MM/DD/YYYY):	
Present Age:	Place of Birth (City & State/Country):	Gender:	Ethnicity:

- If your name has changed since you received your technician candidate registration, please attach a copy of the document that legally changed your name (marriage license, marriage certificate, divorce decree; a social security card or driver's license is not sufficient for this purpose.)

Section 2 – Contact Information

Mailing Address (This information is public record; in the event of security concerns, we suggest postal boxes, etc.):			
City:	State:	Zip:	Parish of Residence:
E-mail Address:			
Home Telephone: ()	Work Telephone: ()	Other Telephone: ()	

DO NOT WRITE IN THIS SPACE – FOR BOARD USE ONLY

Application & Fee Rec'd On: _____ Check / MO #: _____
App'd for Certification On: _____ By: _____ Certificate # _____ Issued On _____

Applicant Name: _____ Applicant SSN: _____

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Section 3 – Louisiana Pharmacy Technician Candidate Registration

All applicants, please skip this Section and proceed to Section 4.

Section 4 – Pharmacy Technician Training Program

Was your Pharmacy Technician Candidate Registration issued based on possession of a PTCB Certificate
OR based on enrollment in a Board-approved pharmacy technician training program?

_____ PTCB Certificate

Proceed to Section 5

_____ Board-Approved Pharmacy
Technician Training Program

Enter Name of Program: _____

Date Program Completed: _____

REQUIRED: Attach a legible copy of your Certificate of Completion from this program.

Proceed to Section 5.

Section 5 – Technician Certification Examination from PTCB

Enter PTCB Certificate Number:

____ _ – ____ _ – ____ _ – ____ _

PTCB Initial Certification Date:

____ / ____ / ____
MM DD YYYY

Attach a legible copy of your PTCB Wall Certificate
PTCB wallet ID card or exam results **will not** be accepted

Applicant Name: _____ Applicant SSN: _____

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Section 6 – Other Licenses or Registrations

Have you <u>EVER</u> been licensed, registered, certified or otherwise approved to practice as a pharmacist, pharmacy intern, or pharmacy technician in any state or jurisdiction, <u>other than</u> PTCB or Louisiana?			_____ No _____ Yes
If you answered "Yes" to the above question, list each jurisdiction below then contact each agency/board and request that they provide the Louisiana Board of Pharmacy with a letter stating the current status of your license/registration/certification with them, including whether or Not you were / are the subject of disciplinary action. Attach additional pages, if necessary.			
License issued by:	License #:	Expiration Date:	Has there been disciplinary action against this license? _____ No _____ Yes
License issued by:	License #:	Expiration Date:	Has there been disciplinary action against this license? _____ No _____ Yes

Section 7 – Pharmacy Employment

List **all pharmacies** where you have worked or volunteered for the past 3 years. Attach additional pages if needed.

Name and Full Address of Pharmacy:	Pharmacy Permit #:	Pharmacist Supervisor:	Dates of Employment:

Section 8 – Criminal History / Disciplinary Actions

Have you been charged with <u>any type</u> of criminal offense, including arrests, OR had any disciplinary or adverse action, taken against you by any other government agency, law enforcement agency, or court <u>in the last three (3) years</u> ?	_____ No _____ Yes
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- If you answered "Yes" to this question, you must attach a letter of explanation AND a certified copy of the court judgment in the case for EACH incident.
- If the charges were dismissed, provide a letter from the appropriate agency confirming dismissal of the charges.

Applicant Name: _____ Applicant SSN: _____

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**Staple one (1) 2 inch x
2 inch photograph in
this block. Use the
guidelines at the left
for photograph
selection.**

Section 9 – Photographic Identification

- Staple a **CURRENT** (less than 6 months old) 2 inch x 2 inch passport or portrait-type photograph in the block at the right using one staple at the top and one at the bottom of the photo. Do not use glue or tape.
- **A photograph is required; photographs attached to any previous applications will not be transferred to this application.**
- Photograph must show a **CLEAR** likeness of the applicant's head and shoulders, with eyes open.
- Photograph should include the applicant **ONLY!**
- Photographs reproduced on a copy machine are not acceptable.
- Do not submit a photograph that has been cut from a driver's license or any other identification card.

Section 10 – Applicant's Affidavit

STOP! This section may only be completed in the presence of a Notary Public.

I, _____, being duly sworn, attest to the following statements:
(Printed Name of Applicant)

- I hereby apply for a Louisiana Pharmacy Technician Certificate
- I am the person referred to in this application, and the photograph attached in Section 9 of this application is a true likeness of me.
- Statements contained in this application and all attachments are true and correct in every respect.
- I further understand that falsification of any information in this application and/or any attachments may result in the Board's denial of my application and refusal to issue the certificate.
- I have read and understand this affidavit, and give it freely and without coercion.

Sworn before me this _____ day of _____, 20_____

Signature of Applicant

Signature of Notary Public

(SEAL)
Imprint This
Sheet Only

County or Parish: _____

State of: _____

Commission Expires: _____